# Samson, LLC PVP

**MCDL 07-31-18**

## Producer Shipping Affidavit

PVP Approval No.: PV1298HTA
Date of Shipment: __2023-04-17__
Harvest Date (if applicable): __2023-04-17__

**Affidavit Number: __29894__**

USDA PROCESS VERIFIED
http://processverified.usda.gov/

Program Eligibility: *Check the appropriate program*

_X_ Cattle Meet the Ranch of Origin Requirements (Source)
  _X_ Meets the EV Program Requirements for China
_X_ Cattle Meet the Date of Birth Requirements (Age)
_X_ Cattle Meet EV Program Requirements for the EU (NHTC Approval #NH5306NNA)
___ Cattle Meet the Requirements to be classified as Samson Verified Natural
___ Cattle Meet the Vet Quality Assurance Requirements
  ___ Plus the Mineral Feeding Requirement
_X_ Animals Meet the Requirements of the Livestock Feeding Claim Audit Program for EU High Quality Beef or Bison
  _X_ Beef or Bison as defined by QAD 1040 Procedure, Sec. 7.2.1 Quota A
  _X_ Beef as defined by QAD 1040 Procedure, Sec. 7.2.2 Quota B
  _X_ Sec. 7.3 Never Fed Beta Agonists Claim
  _X_ Direct Fed Microbial used during the last 100 days on feed
___ Cattle Meet the Requirements of Not Been Fed with Prohibited Animal Protein Post-weaning
  ___ Meets the Requirements of the EV Program for Saudi Arabia

Total Number of Animals Shipped on this load: _____
Total Number of Animals on Manifest: __498__

Genotype: __Unknown: 67%; Angus Plus: 33%__

Country of Origin (Born): __USA__ Country of Origin (Raised): __NE USA__

Ranch(es) of Origin: 1) ___AL- A Bar C Ranch LLC___ 2) ___IMI- Quarter Circle U Ranch___ 3) ___IMI- Tash Livestock___

Phelps County Feeders is the supplier of the identified animals and have directly controlled or taken full responsibility for relevant practices applied in their handling. I do affirm that the animals covered by this certificate have not had their PVP tags altered while under my control.

Name: Joe Klute
Company: Phelps County Feeders
Address: 73938 J Road
City / State / Zip: Holdrege, NE 68949
Phone: (Joe) 308-876-2133
Fax: 308-876-2135
Cell: (Joe) 308-999-3576

Transfer to:
Company: __Tyson - Lexington 245L__
Address: 1500 Plum Creek Pkwy
City / State / Zip: Lexington, NE 68850
Fax: _____ Phone: 308-324-8102

Birth date of oldest calf on the manifest: __2021-03-15__

Age in Months _25_ & Days_2_ on _2023-04-17__

Group IDs: _imi phcofe 220825, ang phcofe 220908, imi phcofe 221013_

Sub-Group IDs: _phcofe P473, phcofe W726, phcofe W770_

**I certify that all statements made herein are true.**

**SIGNATURE:_____**
**Date:_____**

Printed Name and Title: Joe Klute, Manager, Phelps County Feeders